



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
MHC/CPAW Capital Facilities Workgroup**

Monday • October 5, 2009 • 6:30 – 8:30 p.m.

MHCC Central County Wellness & Recovery Center • 2975 Treat Blvd., Bldg. C • Concord

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.

AGENDA

Public Comment on items listed on the Agenda will be taken when the item is discussed.

1. 6:30 **CALL TO ORDER / INTRODUCTIONS**
2. 6:35 **PUBLIC COMMENT. [First 5 Submitted]**
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
3. 6:40 **ANNOUNCEMENTS**
4. 6:45 **APPROVAL OF THE MINUTES**
ACTION September 24, 2009 MHC/CPAW Capital Facilities Workgroup meeting
5. 6:55 **CHAIR COMMENTS:**
ACTION A. Discuss any procedural concerns for future meetings. Report on conversation with Dorothy Sansoe
B. Discuss and agree on reporting procedure to MHC and CPAW.
C. Invite new attendees to state their personal goals for the outcome of this process.
D. Report any developments discussed at 10/1/09 CPAW.
6. 7:15 **QUESTIONNAIRE/SURVEY DRAFT – Sherry Bradley and Susan Medlin**
ACTION A. Background to the Questionnaire: Review, discuss and make final recommendation to be presented to MHC on 10/8/09.
ACTION B. Questionnaire/Survey Draft: Review, discuss and make final recommendation to be presented to MHC on 10/8/09.



7. 7:50 **POSSIBLE DATA SOURCE DOCUMENTS - Sherry Bradley**
 - A. Review and Discuss
8. 8:10 **INFORMATION ON CHILDREN'S PROPOSAL - Kathi McLaughlin**
 - A. Discussion
9. 8:20 **NEXT STEPS/SET NEXT MEETING DATE**
10. 8:25 **PUBLIC COMMENT. [Remaining]**

The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
11. 8:30 **ADJOURN MEETING**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours

Mental Health Commission (MHC) and Consolidated Planning Advisory Committee (CPAW)

Capital Facility Workgroup

Background for a Capital Facility Survey for the Mental Health Community

9/28/09 - DRAFT

The Capital Facility/Technology Needs component of MHS (Mental Health Services Act) is designed to support the infrastructure needs of each of the components of MHS. The strategies of these components and their respective plans have been derived by all MHS planning to date. Contra Costa Mental Health intends to ensure the process for input for the Capital Facility/Technology Need component continues, with this phase including a Capital Facility survey. (See the attached list of locations/groups that will receive the survey). Capital Facility funds may not be used for traditional housing, therefore input will be sought only for those capital facility purposes as specifically outlined in the State Department of Mental Health Information Notice 08-09 and 08-21.

For purposes of the survey, the following definition for capital facilities, as defined by State Department of Mental Health, is included in the survey:

A "capital facility" is a building secured to a foundation which is permanently affixed to the ground that is used for the delivery of MHS services to mental health clients and their families or for administrative offices.

The MHC/CPAW Capital Facility Workgroup has developed a survey that is intended to elicit community input as follows:

- Determine population of focus needing services
- The types of services needed
- Any issues related to access
- Potential locations to make accessibility easier

The MHC/CPAW Capital Facility Survey will be distributed for a two-week period (10/8/09 through 10/22/09). The survey results will be analyzed and reviewed by the Capital Facility Workgroup, with the following steps to be followed:

1. Capital Facilities needs identified per community input derived from new CCMH Capital Facility Need Survey;
2. Review community needs identified in all previous MHS planning processes (CSS planning, PEI planning, WET planning, and Capital Facilities/Information Technology planning – which should include the results of all public forums, focus groups, and previous surveys);
3. Pursuing (evaluating) those proven to be effective (i.e., look at other county capital facility plans, or models used in other communities);

4. Recognize that capital facility acquisition may be driven by available property and unique opportunities that come up;
5. Research each possible situation for the positive impact to mental health services provided within the county;
6. Collaborate with other agencies, if needed;
7. Focus on pursuit of any facility project to include prevention, emphasize client centered, family focused, and community services that are culturally or linguistically appropriate.

Additional Strategies for MHC-CPAW Capital Facility Workgroup:

1. Look at existing MHSA funded components and programs to determine if capital facilities expenditures is needed for:
 - a. Older Adult Program implementation (renovations to Bisso Lane)
 - b. Training Facility – technology enhanced
 - c. Wrap Around program expansion (per CSS)
 - d. Wellness and Recovery Centers expansion
2. Identify challenges and opportunities, which may include capital facility strategies that could help address previously identified community needs;
3. Review service trends, i.e., the number of clients receiving behavioral/mental health services in the county, by Zip Code;
4. Continue the comprehensive work of earlier MHSA planning.
5. Include a capital facility survey.
6. Be sure to consider:
 - a. Current low cost of real estate;
 - b. The availability of existing county-owned properties/buildings;
 - c. Any future development or opportunities to purchase acreage;
 - d. Availability of parking and infrastructure for future development;
 - e. Securing additional land for long term usage
 - f. Transportation issues – accessibility to facility for clients and family.

Examples of Capital Facility Projects from other California Counties can be included in the survey, as follows:

EXAMPLES OF CAPITAL FACILITY PROJECTS FROM OTHER CALIFORNIA COUNTIES:

COUNTY	CAPITAL FACILITY PROJECT(S) PROPOSED
Alameda County	<ul style="list-style-type: none"> ○ Establish two (2) wellness centers; ○ Establish crisis and consultation service center.
Fresno County	<ul style="list-style-type: none"> ○ Renovation to existing building for Co-Occurring Detox and Assessment Center (CODAC). ○ Renovation to existing building to include creating better accessibility for consumers and family members and compliance with ADA and Ca GCS 11135, for Urgent Care Wellness Center
Glenn County	<ul style="list-style-type: none"> ○ Purchase and place modular buildings on existing county owned property; ○ Renovate/purchase building for a Community Recovery Center; ○ Purchase/renovate building for Mental Health Services programs ○ Purchase/renovate building for a drop-in care center.
Merced County	<ul style="list-style-type: none"> ○ Purchase land (5 acres) and renovate an existing building on the land to locate a centralized Administration building, which is adjacent to medical services complex, Emergency Department, Mercy Hospital, the Public Health Department, a Homeless Shelter, and also adjacent a large subsidized housing complex; ○ Add a Wellness Center on the 5 acres.
Mono County	<ul style="list-style-type: none"> ○ Antelope Valley Wellness Center (upgrades to existing center)
Monterey County	<ul style="list-style-type: none"> ○ Integrated Health Services Center (upgrade existing facility located on Fort Ord)
Nevada County	<ul style="list-style-type: none"> ○ Develop “Crown Point Circle Turning Point” – a renovation project for the county’s Assertive Community Treatment Plan (ACT), which will expand current space to accommodate a larger lobby, and space for ACT staff to do treatment, support services, care coordination and rehabilitative services.
Orange County	<ul style="list-style-type: none"> ○ New Construction of Crisis Residential Program, Wellness Center, Education and Training Center.
Riverside	<ul style="list-style-type: none"> ○ Purchase a facility for central Outpatient Clinic for children, adults, Older Adults, peer support training, and homeless (the facility will house MHSAs programs related to these groups). ○ Purchase Outpatient facility in West region to consolidate Adult Outpatient, Transition Age Youth, integrated recovery center, adult peer resources, and a wellness center. ○ Combine childrens programs from West region into single structure for functional and operational efficiencies. ○ New MHSAs Administration and Training/Research, and Quality Improvement facility to replace leased facility needing major repair. This site will include operating and training center. ○ Safe haven drop-in center.
San Bernardino County	<ul style="list-style-type: none"> ○ One Stop Center ○ Crisis Residential Program (transform and modernize an existing county-owned facility)
San Francisco County	<ul style="list-style-type: none"> ○ Renovation of a County owned structure – Redwood Center – dual diagnosis residential treatment
Sonoma County	<ul style="list-style-type: none"> ○ Renovation of Norton MH Center West Wing – create space to house MHSAs programs serving children/TAY/homeless
Trinity County	<ul style="list-style-type: none"> ○ Acquisition/Renovation of Short-term residential program (Weaverville Short-Term Respite Residential Program)
Tuolumne	<ul style="list-style-type: none"> ○ Create Crisis Assessment Integration Program with 24/7 access to evaluation

	<p>for involuntary hospitalization and crisis intervention, 23 hour crisis stabilization and augmented walk-in services in evenings and pms;</p> <ul style="list-style-type: none"> ○ Renovation of building to accommodate new program for group use, with showers, laundry facilities, offices.
<p>Other examples of Uses of Capital Facilities Funds (taken from State DMH Guidelines 08-09 and 08-21)</p>	<ul style="list-style-type: none"> ○ Purchase/renovate a building to be used for a clinic, clubhouse, wellness and recovery center, office space; ○ Purchase/renovate a building where vocational, education and recreational services are provided to individuals and families to support MHSA; ○ Purchase land where clinic, clubhouse, or other type buildings to be built to support MHSA services; ○ Make an existing building more accessible to clients/family members; ○ Establish a capitalized repair reserve; ○ Purchase of modular buildings to be placed on school grounds.

Staff has recommended that the Capital Facility Need Survey be distributed and/or placed in the following locations, or made available electronically:

County operated clinics/sites

Board and care homes

Adult/Family Support Groups

Children's Family Support Groups

All Contracted Transition Age Youth Program(s)

All Contracted Adult Program(s)

All Contracted Children's Program(s)

All Contracted Older Adult Program(s)

All Contracted PEI Program(s)

I.M.D. Clients

Transitional Care (Homeless and Transitional Housing)

LGBTQ Focus Groups

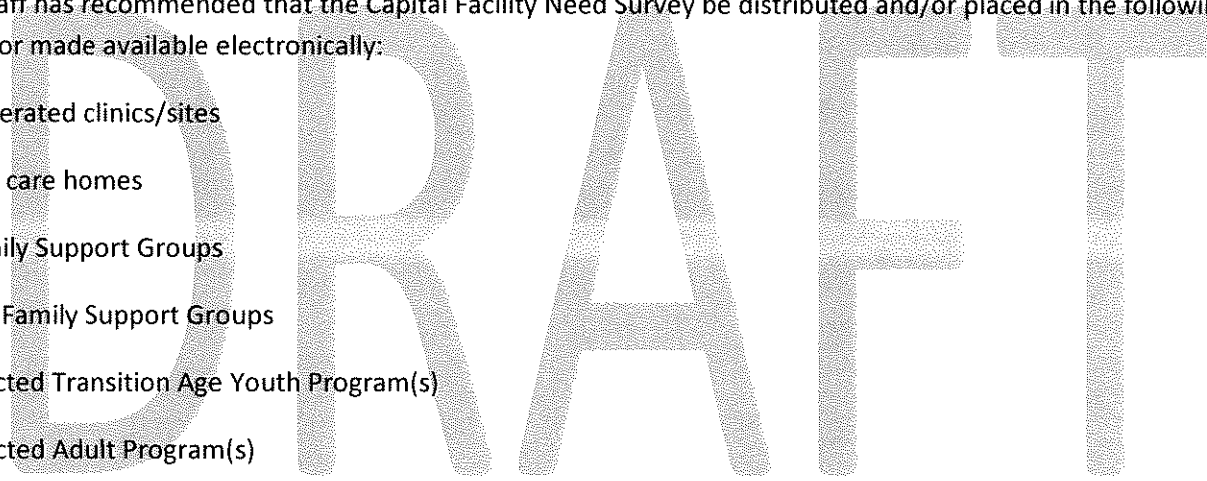
All Provider sites

Asian/Pacific Islander Groups

All Promotores Sites/La Clinica

Wellness and Recovery Centers

AODS Programs



Mental Health Commissioners

Child Care Planning Council

Faith Community

Domestic Violence Organizations

Reducing Health Disparities Workgroups

Public Health Division Programs/Staff

Area Agency on Aging

All Staff Meetings

CCRMC Psychiatric Inpatient

Criminal Justice System

Mental Health Courts

Homelessness Office

Primary Care Offices (Ambulatory Care Clinics)

Use any/all existing workgroups

CPAW Members

NAMI Membership

Family Involvement Steering Committee

DRAFT

Contra Costa Mental Health Needs Assessment Survey

For Capital Facilities Funding

The Capital Facility/Technology Needs component of MHSA (Mental Health Services Act) is designed to support the infrastructure needs of each of the components of MHSA. The strategies of these components and their respective plans have been derived by all MHSA planning to date. Contra Costa Mental Health intends to ensure the process for input for the Capital Facility/Technology Need component continues, with this phase including a Capital Facility survey. Capital Facility funds may not be used for traditional housing, therefore input will be sought only for those capital facility purposes as specifically outlined in the State Department of Mental Health Information Notice 08-09 and 08-21.

For purposes of this survey, please use the following definition for capital facilities as defined by State Department of Mental Health:

A “capital facility” is a building secured to a foundation which is permanently affixed to the ground that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices.

Please read and answer the following questions based on your experience in working with/receiving services from Contra Costa Mental Health. Your answers will remain anonymous. Your responses will be used to help determine which needs will be addressed with Mental Health Services Act (MHSA) funds for Capital Facilities, and, possibly, other funding, such as Cal HFA funds.

Experience:

1. My experience with Contra Costa Mental Health is based on:

- Employment _____
- Receiving Services _____
- Family Member _____
- Volunteering or Internship _____
- Advisory Committee _____
- MH Provider _____
- Other _____

I have experience with:

- Adult Mental Health Services _____
- Children’s Mental Health Services _____
- Older Adult Mental Health Services _____
- Transitional Age Youth Services (TAY) _____
- Other _____

Race/Ethnicity

- Caucasian _____
- African American _____

Asian _____
Hispanic/Latino _____
American Indian/Alaska Native _____
Native Hawaiian/Pacific Islander _____
Other _____

Gender _____

Age
Under 18 _____
18 to 25 _____
26 to 59 _____
60 and Over _____

1. How should MHSA Capital Facility funds be used to support MHSA (Mental Health Services Act) Services? **(Check those you agree with)**

- New Construction
- Acquire existing facility
- Acquire/renovate/remodel an existing facility
- Renovate an existing County-owned property
- Renovate a privately owned property
- Purchase land (non-county owned)
- Lease/rent to own property
- Purchase modular building(s) to be placed on County-owned property
- Purchase modular building(s) to be placed on non-County owned property

2. How should an MHSA funded Capital Facility be used? **(Check those you agree with)**

- Outpatient mental health clinic (child, adult, older adult, TAY)
- Consumer wellness and recovery center
- Psychiatric Recovery Center (clinical & recovery services integrated)
- Mental Health services only
- Mental Health and other (partner with primary care, co-occurring disorder treatment)
- Crisis Residential Facility (TAY/Adults/Older Adults)
- Crisis Residential Facility (Children)
- Assessment Services Facility (Crisis services TAY/Adults/Older Adults)
- Assessment Services Facility (Crisis Services Children)
- Centralized MHSA Administrative Offices
- Restrictive settings (i.e., Psychiatric Health Facility, etc)
- Other: _____

3. Where should MHSA Capital Facility funded sites be located? **(Check those you agree with)**

- East County
- Central County

- West County
- Centralized location
- Other: _____

4. Which of the following needs, identified in MHSA planning processes, community forums, focus groups, do you feel are most important. ***Please rank them in the order of importance to you. (On a scale of 1 through 10, with 1= most important, and 10=least important)***

- _____ Helping people decrease isolation
- _____ Helping people find a place to live
- _____ Decreasing arrests and incarceration
- _____ Finding voluntary alternatives to hospitalization
- _____ Helping people increase self-reliance and live independently
- _____ Helping people find a job
- _____ Helping people with their education (Adults)
- _____ Improving children's ability to thrive in school
- _____ Keeping children with their families
- _____ Preventing children from entering the juvenile justice system

5. Are there other needs that should be considered? Examples:

- _____ Transportation
- _____ Accessibility (ADA, for example)
- _____ Urban settings
- _____ Rural settings
- _____ Other _____

Thank you!

Possible Data Sources for Capital Facilities Planning Process

Draft - 9/29/09

Summaries of Priorities from Previous Planning Components

Reports from Focus Groups

Reports from Community Forums

Mental Health Commission Minutes

Previous Question/Answer Documents on Capital Facilities

Previous Surveys and Questionnaires (of MHSA Planning)

Other County's Capital Facilities Plans

Previous Proposals, Feasibility Studies

Mental Health Commission Retreats/Planning

CPAW Discussions and Recommendations

Capital Facility Need Survey Results

DRAFT

Mental Health Services Act (MHSA)

**Capital Facilities and Technological Needs
Component**

Capital Facilities Project Proposal

PROPOSED GUIDELINES

**FOR THE COUNTY'S THREE-YEAR PROGRAM
AND EXPENDITURE PLAN**

August 19, 2008

DRAFT

Exhibit 1

CAPITAL FACILITIES PROJECT PROPOSAL FACE SHEET

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES PROJECT PROPOSAL**

County: Riverside Date: _____

County Mental Health Director:

Jerry Wengerd
Printed Name

Signature

Date: _____

Mailing Address: Riverside County Department of Mental Health
PO Box 7549
Riverside, CA 92513

Phone Number: 951-358-4501 Fax: 951-358-6924

E-mail: WENGERD@co.riverside.ca.us

Contact Person: Bill Brenneman
Phone: 951-358-4563
Fax: 951-358-6924
E-mail: bman@co.riverside.ca.us

Exhibit 1 continued

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Riverside County and that the following are true and correct:

- 1) The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to purchase a building at 19531 McLane Street, Desert Hot Springs, California, 92240.
- 2) The intended use of this building is to operate an Out-Patient Full Service Partnership (FSP) Clinic and a Safehaven Drop-In Center.
- 3) All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and/or renovate those portions of the property that will be used for the provision of MHSA services.
- 4) The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health services.
- 5) For acquisition/construction Riverside County will be the owner of record.
- 6) For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.
- 7) This building will be dedicated to the provision of MHSA services for a minimum of 20 years.
- 8) Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.
- 9) The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities funds.
- 10) The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.
- 11) Riverside County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.
- 12) Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.

Exhibit 1 continued

- 13) The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.

 - 14) This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.

 - 15) All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at 19531 McLane Street in Desert Hot Springs, California are true and correct.
-

Date: _____

Signature _____
Local Mental Health Director

Date: _____

Signature _____
Auditor and Controller

Executed at: Riverside, California

Exhibit 2

PROJECT PROPOSAL NARRATIVE

- 1) Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.
 - If the proposed Project deviates from the information presented in the already approved Exhibits 2 and 3 of the Component Proposal, the County must describe stakeholder involvement and support for the deviation.

In the initial request for MHSA Capital Facilities, the Department proposed to purchase a Desert Safehaven Drop-In Center and Out-Patient Full Service Partnership (FSP) Clinic. The Safehaven program went through the original CSS Program Planning Process, which included a comprehensive stakeholder input process.

The original CSS planning provided an inclusive process for consumers, family members, staff, agencies, specialty groups, and general community stakeholders. Feedback opportunities were gathered through focus groups, surveys, public forums, and public hearings. Translation services were provided for both written documents and interpretation needs. The Department estimates that close to 1,130 stakeholders responded through focus groups and over 1,500 in total through the planning process. Paper surveys were circulated through such groups as NAMI and Parent-to-Parent Support Groups (64 respondents) and 213 stakeholders responded to a housing survey. See below for the key stakeholder highlights from the County's original planning process:

- 81 Consumer, Family and Community Focus Groups (15 in Spanish)
- 18 Staff Focus Groups
- 3 Housing Providers Focus Groups
- 4 Community Forums
- 213 Housing Surveys
- 64 Paper Surveys (NAMI/Parent-to-Parent)
- Meetings with Native American Representatives from Indian Health Inc., and Inland/Desert Aids Projects
- E-mail and an 800 phone number to provide input and website posting in English and Spanish
- 23 Member Stakeholder Leadership Committee

Prior to this request, the Capital Facilities/Technology Needs Component was posted on the Department's website for a 30-day comment period and made available at county clinics and local libraries. A Public Hearing was held by the Mental Health Board on July 2, 2008. All written and verbal comments submitted for this proposal were reviewed with the Mental Health Board and no changes to the proposal were recommended. This is the first Capital Facilities project built on the original CSS Planning Process, however, further stakeholder input and planning will be elicited for any future project considerations.

Exhibit 2 continued

2. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

The project location has been selected as a Western Coachella Valley Multi-Service Center location. This project is in direct support of the department's MHSA goals of providing Homeless Outreach and FSP services in an underserved community and population. The Desert Hot Springs area has a population of over 25,000, of which the majority is 200% below the poverty level, within that population, 50% are Hispanic.

The Multi-Service Center is being developed by the Coachella Valley Association of Government (CVAG), of which the County of Riverside is a member. In addition to the 24/7 Drop-In Center for hard to reach homeless adults with serious mental disorders there will be a FSP supportive housing program for consisting of 1 private and 12 semi-private rooms and a FSP Out-Patient program at this location. The Drop-In center and the FSP program will also have the ability to provide direct transportation for guests/consumers to community resources. In addition, CVAG will add a community resource access center, emergency shelter and eventually a family shelter.

The Desert Region of the Department of Mental Health consists of approximately 5,000 square miles. The Coachella Valley communities are generally separated by open desert. This separation creates a challenge to accessing needed resources throughout the valley. The proposed project location is centrally located between the western communities, thereby facilitating access to western valley resources. In establishing a multi-service community access center, the planning agencies recognized the challenge of providing services in such an expansive geographical area and that not one single community alone could provide the resources needed by homeless or disabled consumers. It was this awareness that contributed to the establishment of the community access center where multiple social services and public health services could be accessed. CVAG is seeking commitments from CalWORKS, Veterans Services, Public Health, General Relief, Vocational Services, community organizations, Social Security, Employment Development and Vocational Rehabilitation to provide on-site assistance at the access center.

This facility was modeled after the highly successful Riverside Safehaven Program which was originally approved as part of our three (3) year MHSA CSS plan. This facility will house 20 full time positions, consisting of 14 Adult FSP program staff, four (4) TAY FSP program staff and two (2) Homeless Outreach staff. This will be a fully Integrated Service Recovery Center (ISRC) for FSP clients and will expand our service delivery capability to an estimated additional 36 FSP clients at anyone point in time in the underserved area of Desert Hot Springs. The Drop-In Center's ongoing services and operating costs are funded through a Housing and Urban

Development (HUD) grant. All the ongoing FSP services and operating costs are currently budgeted in our TAY/Adult/Older Adult CSS Work Plans.

The Drop-In Center will provide Peer-to-Peer engagement and support that includes access to food, shelter, laundry, and a place to make and receive phone calls. The program will serve as a portal of entry for severely mentally ill and chronically homeless individuals to move beyond homelessness and into the area's continuum of care. Services will be provided using a non-intrusive, low demand approach that is expected to establish trust first with peers and eventually reengage the individual in wellness recovery services.

Homeless outreach staff will provide mobile outreach by van and by foot, and program-based outreach at social service sites for homeless persons. The program is based-upon a multiple-contact approach, meaning that outreach team members often have repeated contacts with homeless individuals before they are able to engage them in any type of emergency and/or short-term case management.

FSP services include outreach efforts that will build upon the established rapport, assess their needs, provide case management, and link them to supportive services. These services will include transportation, linkage to mental health and substance abuse treatment, access to medical care, assistance in acquiring disability benefits, vocational and/or education services, and personal supplies essential for wellness and recovery. Reconnection to community will be an important component of recovery, either by reconnection with family and loved ones or establishing a new social network of support.

The next step is to provide optimum recovery based support for each resident based on the principles of choice, dignity, empowerment, and hope that are essential elements toward introducing the opportunity for the participant to restore self sufficiency.

Exhibit 3

PROJECT DETAILS

Answer the following questions as appropriate to the Project Proposal.

Project Title: **Desert Safehaven Drop-In Center**
Project Address: **9531 McLane Street**
Desert Hot Springs, California, 92240

- 1) Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction.

The building is an existing structure that requires renovation. It is an industrial single-story tilt-up, approximately 47,880 sq. ft. that is divided into 7 equal suites of 6,840 sq. ft. each. Riverside County Department of Mental Health is acquiring two (2) of the suites to be occupied by three (3) separate MHSA funded programs. It is estimated that Capital Facilities will be funding the portion of these suites that will be used to house the Desert Safehaven Drop-In Center and Out-Patient Full Service Partnership (FSP) Clinic. These two programs will occupy approximately 8,550 sq. ft. The remainder of the space will be occupied by a supportive housing program consisting of 1 private and 12 semi-private rooms. This program will also offer separate living room and dining areas. This supportive housing program is currently funded through the MHSA CSS Housing Program and was already approved as part of our FY 2008/2009 CSS Plan Update.

- If the proposed building is being acquired and renovated, describe the prior use and ownership.

The building is two (2) years old and the interior construction has not been started. It is an empty shell that has not been previously occupied. Desert Four, LLC currently holds title.

- If the proposed project involves renovation of an existing facility, indicate whether it is County owned or owned by a private entity.
-N/A
- Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.

The renovations will include an interior build out to provide for interior walls, electrical and communication wiring, plumbing, lighting, flooring, and any other improvements necessary to comply with Federal, State and local regulations, including, but not limited to the requirements of zoning, building codes, fire safety, environmental, hazardous materials, Americans with

Disabilities Act, California Government Code Section 11135 and any other applicable requirements.

These improvements will be managed by the Riverside County Department of Facilities Management in collaboration with the Riverside County Department of Mental Health (RCDMH). Jointly Facilities Management and RCDMH will develop the interior design that will meet the needs of the program. Once this is completed, Facilities Management will initiate the Request for Proposal (RFP) process. The resulting RFP will be utilized by Facilities Management to secure the best bid in terms of quality, ability and value to perform and deliver the necessary improvements.

- When the renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services. **-N/A**
- When the renovation is for administrative services, describe how the administrative offices augment/support the County's ability to provide programs/services, as set forth in the County's Three-Year Plan. **-N/A**
- When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the County's capital interest in the renovation and use of the property. **-N/A**

Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable. Complete all that apply.

Age Group	Projected Client/Family Capacity
<input type="checkbox"/> Children	
<input checked="" type="checkbox"/> TAY	4
<input checked="" type="checkbox"/> Adults	34
<input checked="" type="checkbox"/> Older Adults	2

***Estimated # of clients served daily - 40**

- 2) Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The project is located in the northern part of the city of Palm Springs, just south of the city of Desert Hot Springs and east of the communities of Banning, Beaumont and the Morongo Tribal Reservation. It is immediately north of, and adjacent to Hwy 10, about 300 yards from the intersection of Indian Canyon Drive, a major thoroughfare connecting the cities of Palm Springs and Desert Hot Springs. This area is largely undeveloped western desert area of the region known as the Coachella Valley.

There currently is a Sunline Transit Authority bus stop at the intersection of Interstate 10 and Indian Canyon Drive. Also, CVAG is anticipating having a transportation system for homeless individuals to access medical care,

employment and other needed resources and is also negotiating transportation support for the campus from Sunline Transit Authority.

The property is located next to a number of warehouses, light industrial facilities, large office buildings, a Motel 6, a Denny's coffee house, and two gas stations. It is surrounded by large tracts of undeveloped desert.

- 3) Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes

- MHSA only**
 MHSA and other services

- If the building will be used for other purposes, the description should indicate the percentages of space that will be designated for mental health programs/services and supports and for other uses. **-100% Mental Health Services**
- Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.
(Note: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.) **-N/A**

- 4) Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years. **The Department has budgeted ongoing maintenance costs within the individual programs that will be operating within this facility and all maintenance work will be performed by the Riverside County Department of Facilities Management. Clinical services are currently budgeted within Adult and TAY CSS work plans. The Drop-In Center services are currently funded through a HUD grant. It is anticipated that both of these funding sources will be maintained in the future for continual operation.**

Additional Information:

1. Leasing (Rent) to Own Building

Provide justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include a detailed description of length and terms of lease prior to transfer of ownership to the County. **-N/A**

2. Purchase of Land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure. **-N/A**

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4. (Must be in accordance with WIC Section 5847 (a) (5)) **-N/A**

Exhibit 4***CAPITAL FACILITIES PROJECT PROPOSAL FACT SHEET*****Project Location**

Name of Project: **Desert Safehaven Drop-In Center**
 Site Address: **9531 McLane Street, Desert Hot Springs, California, 92240**

Project Information

- New Construction
 Acquisition of an existing structure
 Acquisition and renovation of an existing structure
 Renovation of a County owned structure
 Renovation of a privately owned structure
 Purchase of Land
 Lease(rent) to own

Intended Use: Out-Patient Full Service Partnership (FSP) Clinic and a Safehaven Drop-In Center

- Mental Health only (Includes facilities for integrated mental health substance abuse treatment)**
 Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal -	\$1,300,000
CSS Capital Facilities funds requested in this Project Proposal	\$ <u>0</u>
Total	\$1,300,000

Priority Population (please check all that apply)

- Children
 Transition Age Youth
 Adults
 Older Adults
 N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly – **Drop-In Center anticipates over a 1000 consumers will utilize the services monthly. In addition, it is estimated that 50 FSP consumers will be provided services at this new site.**

- Provide new services
 Expanded services

Please provide a brief description below

This is an expansion of service delivery capability for TAY/Adult/Older Adult FSP Programs in the underserved areas of Desert Hot Springs.

Exhibit 5**SAMPLE BUDGET SUMMARY**

The sample project budget allows Counties to summarize proposed expenditures for each Project by type of expenditure for each fiscal year. Based upon the Project a County may wish to submit a modified budget summary that more closely reflects the County Capital Facilities Project Proposal.

Expenditures and request for funds. Expenditures for the proposed Project should be easily identified and related to the project description. Total estimated Project expenditures are offset by any estimated other funding sources to compute the net MHSA funding requirements. Complete a separate Project budget for each proposed project. The sum of all Project budgets should not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for the County. MHSA funds dedicated to the Capital Facilities and Technological Needs Component must be used within ten years or they will revert back to the State MHS Fund for redistribution to all Counties.

**EXHIBIT 5 – SAMPLE BUDGET SUMMARY (in Thousands \$)
For Each Capital Facilities Project Proposal**

County: Riverside
Project Name: Desert Safehaven Drop-In Center

Category	(1) Capital Facilities Funds	(2) CSS Capital Facilities Funds	(3) Future Year Costs	(4) Total (1+2+3)	Estimated Annual Ongoing Costs*
Project Expenditures					
1. Acquisition of Existing Structure (including deposits)	\$ 715,000				
2. Renovation of Existing Structure	\$ 885,000				
3. Other Expenses (Describe)	-				
4. Total Ongoing Operating Expenses	-				
5. Total Project Expenditures	-				
II. Other Funding Sources (please list)					
1. Housing & Urban Development (HUD)	\$ 300,000				
2. Total Other Funding Sources	\$ 300,000				
Total Costs (A)	\$1,600,000				
Total Offsetting Revenues (B)	\$ 300,000				
MHSA Funding Requirements (A-B)	\$1,300,000				
NOTES:					

- Provide information regarding ability to maintain and update the property/facility for the required time period. (Include proposed funding sources, capitalized reserves, etc.)

The Department has budgeted ongoing maintenance costs within the individual programs that will be operating within this facility and all maintenance work will be performed by the Riverside County Department of Facilities Management. Facilities Management provides a safe, physical working environment through preventative, daily and emergency maintenance and daily and utility custodial services. They also provide professional real property management through acquisition or sale of County properties and provides professional project management for major renovations/remodeling of all County buildings.

Clinical services are currently budgeted within Adult and TAY CSS work plans. The Drop-In Center services are currently funded through a HUD grant. It is anticipated that both of these funding sources will be maintained in the future for continual operation.

- Describe what structure is in place to manage the Project and track usage, costs, maintenance, etc., over time (e.g. agreement with County Department of General Services, contractor consultant, etc.):

The RCDMH will assign a new cost center, which will easily track all costs and revenues for the Desert Safehaven project. Within the cost center are accounts that will track usage of costs such as: maintenance, equipment, renovation, household supplies, utilities and etc. RCDMH also has the capability to tack and report expenditures using Riverside County's OASIS Financial system.

Exhibit 6**SAMPLE PROJECT TIMELINE****Project Name: Desert Safehaven Drop-In Center****Site Address: 9531 McLane Street, Desert Hot Springs, California, 92240****Date: _____**

Both columns should be filled in with dates unless they do not apply to your Project. For instance, mark "NA" in the Start Date if the Development Step does not apply to your Project. (i.e., if acquisition: "Acquire building permit from building authority" will be N/A)

Development Step		Start Date (mm/dd/yy)	Completion Date (mm/dd/yy)
Community Program Planning Process	30-day circulation of draft	08/01/08	08/30/08
	Public hearing, if required	n/a	n/a
Acquire development site or facility (circle one) through purchase		11/01/08	n/a
Acquire building permit from building authority		n/a	n/a
Financing closing		n/a	n/a
Construction contract execution		n/a	n/a
Construction/ Renovation start up		11/01/08	n/a
Construction/ Renovation completion		05/01/09	n/a
Acquire Certificate of Occupancy (submit legible copy)		06/01/09	n/a
Occupancy start up		06/15/09	n/a
Other			

Exhibit 7 N/A



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

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DIRECTOR

JENNIFER SCHAFFER, Ph.D.
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MENTAL HEALTH SERVICES DIRECTOR

SUSAN BOWER, MSW, MPH
ALCOHOL AND DRUG SERVICES DIRECTOR

MARSHALL LEWIS, MD, DFAPA
CLINICAL DIRECTOR

January 6, 2009
(revised February 18, 2009 to include date of public hearing)

Dear Community Members and Stakeholders:

San Diego County is holding a 30-day public review and comment period for the Mental Health Services Act (MHSA) Capital Facilities and Technological Needs (CF/TN) Component Proposal. This review period begins January 6, 2009, and ends February 4, 2009. A public hearing will be held at our Mental Health Board on March 5, 2009.

San Diego County is holding this review to receive public input on the proposed distribution of funds between Capital Facilities and Technological Needs. The Component Proposal also provides an overview of how San Diego County plans to use CF/TN Component funds to support the provision of MHSA programs and services.

Please review San Diego County's MHSA CF/TN Component Proposal and send any comments, suggestions, and/or questions to our MHSA line below. Please include your contact information if you would like to receive notices about future planning and development meetings.

Mental Health Services Act/Proposition 63 Comment/Question Line:

Phone: (619) 584-5063

Toll-Free: (888) 977-6763

Email: MHSPop63.HHSA@sdcounty.ca.gov

Thank you,

ALFREDO AGUIRRE, LCSW
Deputy Director
Mental Health Services

PHILIP A. HANGER, PH.D.
MHSA Coordinator
Mental Health Services

Component Exhibit 2**COMPONENT PROPOSAL NARRATIVE****1. Framework and Goal Support**

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) how you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities	\$ <u>13,071,345</u> or <u>35%</u>
Technological Needs	\$ <u>24,275,355</u> or <u>65%</u>

Technological Needs

San Diego County Mental Health Services will be proposing several technology projects that address two key MHSA goals:

1. To increase **Client and Family Empowerment** and engagement by providing secure access to health information that is culturally and linguistically competent within a wide variety of public and private settings; and
2. To **Modernize and Transform** clinical and administrative information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness.

In 2003, San Diego County participated in the CiMH-organized California Behavioral Systems (CBS) coalition in order to evaluate and select a behavioral health information system that would meet the administrative, clinical, managed care, and reporting requirements of our County.

In January 2006, San Diego County Mental Health Services signed a contract with software vendor Anasasi to initiate this major project to transform the behavioral health management information system (MIS) used by providers in our system of care. This MIS project is expected to provide the technological infrastructure for the mental health system to provide high quality, cost-effective services and supports for clients and their families. The new MIS will support an electronic health record that includes assessments, treatment plans, progress notes, electronic prescriptions, and alerts for critical events. All client information will be collected using this new automated system.

In October 2008, the MIS deployment process began across San Diego County. This process involved extensive training of 2,500 County and contracted program staff on the use of the new MIS.

We believe that many of the transformative goals of the MHSA will be supported by this new system that allows information to be efficiently and effectively accessed, improving service provision in our County and contracted programs.

San Diego County Mental Health Services initially obtained a portion of the funding for this project from CSS one-time funds (\$5,000,000). In the Fiscal Year 08/09 Plan Update, Mental Health Services requested \$2,987,942 in Technology Funds to continue upgrading the County's technological infrastructure. The request was subsequently approved by the California Department of Mental Health. The remaining balance of funds necessary for full project implementation (approximately \$7,000,000) will be obtained from San Diego County MHSA resources.

Other projects in the planning and development stage include:

Consumer and Family Empowerment Project – This is a project to provide consumers and families with improved access to computer technology and tools, allowing individuals to manage their personal health information and make more informed decisions. A county-wide technology survey was created and posted on our Network of Care website for Technological Needs planning purposes, and extensive data on consumer and family needs has been collected. Results of this survey have been distributed to entities involved in the planning process in order to ensure that consumer and family technology needs remain the County's top priority.

Six hundred twenty-two (622) survey responses were received. Sixty-two percent (62%) of respondents would like to use the internet to access mental health information. Seventy-six percent (76%) of those surveyed said that it was 'important' or 'very important' to view mental health service directories, links, resources, legislation, and support and advocacy services through the internet. Various components of this project will be developed based on the results of this survey and the work of our active stakeholder planning groups. These consumer empowerment projects will be competitively procured and well advertised in the community in an effort to attract proposals from a variety of providers, particularly client and family-run organizations. Examples of consumer and family projects may include:

- More computers in convenient locations such as drop in centers, service delivery settings, housing facilities, and/or wellness centers.
- Computer literacy training to help consumers utilize information available online as part of their recovery program.
- Training on how to access health information including personal health information available in future personal health records (PHRs).

Tele-psychiatry – San Diego County encompasses over 4,200 square miles and more than half of the County is rural, sparsely populated, and isolated from medical centers and mental health resources. Poverty and lack of access to services are acute issues for individuals and families in the unincorporated rural Mountain Empire area of the County. This project will expand the scope of current efforts using video, secure e-mail, and phone consultation to improve the accessibility of care in rural and otherwise underserved areas. Tele-psychiatry may be used to support client and family education, case conferencing, emergency consultation, and interpreter and translation services.

Imaging – This project is closely integrated with MIS project efforts to construct an electronic health record. A variety of paper documents, photos, and forms will be scanned and stored electronically, allowing authorized persons to retrieve pertinent client information throughout the County and across numerous service organizations. Benefits of this imaging project include efficiencies in the retrieval and storage of health information and progress in transitioning the County toward a paperless record system.

Capital Facilities

San Diego County intends to use Capital Facilities funds to enhance the County's infrastructure, producing long-term benefits that will continue to move the mental health system toward the goals of wellness, recovery, and resiliency. San Diego County intends to seek additional community and stakeholder input in the development of this component. The capital facilities proposals may include:

- Renovation of the County Psychiatric Hospital Emergency Psychiatric Unit and Crisis Clinic to expand office space and provide a tele-psychiatry room.
- Purchase of a building to house an outpatient mental health bio-psychosocial rehabilitation and recovery center for clients with serious mental illness.
- Purchase of a building for a 14-bed short-term crisis residential program to serve clients with a serious mental illness who are also homeless.
- Purchase of two clubhouse spaces to provide vocational, educational, and recreational activities for MHSA consumers. Building may include office space, meeting rooms, a kitchen, and a large community room with outdoor space.
- Purchase of an additional building and property to provide crisis residential treatment services.
- Purchase of property to support consumer wellness with opportunities for physical exercise and health/nutrition education. Facility may include a traditional fitness center to house exercise equipment with space for floor exercises, locker rooms, showers, restrooms, office space, and a meeting room.
- Purchase of property to house an outpatient Children's mental health program.

2) After an analysis of the funding required to modernize the Integrated Information Systems Infrastructure and provide greater technological accessibility to clients and families, San Diego County Mental Health Services leadership determined that 65% of the funding for this component would be required for Technological Needs. The remaining 35% of funding will be used to transform and modernize the County's mental health infrastructure via the Capital Facilities component. It was determined that technological enhancements would receive a greater portion of funding due to the fact that County Mental Health contracts with external providers that maintain their own facilities for the majority of our services. The technological enhancements will directly benefit more clients and providers and have a greater impact on the transformation of our current mental health system. San Diego will continue with its stakeholder process to identify projects that will enhance its mental health system.

Component Exhibit 2 (continued)

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendation and/or changes as a result of the stakeholder process.

The County of San Diego benefited from the meaningful involvement of consumers, youth, and families as full partners from the beginning and throughout the comprehensive planning process for the Mental Health Services Act (MHSA). The County's local planning occurred in two phases. Phase 1 began in November 2004 with clients, youth, families, advocates, and other stakeholders participating in the development of the Community Program Planning (CPP) funding request.

Phase 2 began in February 2005 with the implementation of the CPP activities for the Community Services and Supports (CSS) component. Several key aspects demonstrate the high level of consumer and family involvement. The Client/Family/Youth Team (CFYT) was established during Phase 2 and met weekly to provide input and recommendations to the MHSA project team on the planning and implementation of the CPP and CSS components. Over 950 adult and older adult client surveys were collected throughout the six regions of San Diego County. The survey process was conducted in the County's threshold languages – English, Spanish, Tagalog, and Vietnamese. Additionally, over 700 family members responded to a family, youth, and community survey. Clients, family members, and advocates also serve as workgroup members in our population specific planning committees – Children's, Adult, and Older Adult System of Care Councils.

Targeted stakeholders, aside from clients, youth, and family members, represent a full range of interests including non-profit organizations, mental health organizational providers, County departments, community collaboratives, community agencies, educational institutions, and faith-based organizations.

In addition to continually collecting input through monthly Adult, Older Adult, and Children's councils, Mental Health Board meetings, the toll-free comment line, and MHSA email address, San Diego County performed extensive community planning for the Prevention and Early Intervention component. Between July 2007 and April 2008, the County participated in over 60 stakeholder meetings across the six regions within San Diego County covering a variety of cultural and ethnic communities and age ranges. This process included community forums, focus groups, information collection from community input forms, and key informant interviews.

County MHSA staff has also made presentations to the Glendale Plus group, which is comprised of mental health community members, the heads of our Children's, Adult, and Older Adult councils, and County Mental Health staff. This group will play an

important role in upcoming planning efforts, as each member has a significant role in the broader mental health community.

San Diego County Mental Health Services is planning to convene a Technology Workgroup comprised of consumers, family members, providers, key stakeholders, and County staff that represent all areas of our mental health system. The results from our technology survey highlighted areas of need, which this workgroup will utilize as a basis for developing ideas and input for potential projects. In addition, the County is planning a regional stakeholder meeting to disseminate information on this component and collect additional community feedback.

San Diego County will continue with planning and development efforts for both the Capital Facilities and Technological Needs components through our extensive community network of workgroups and councils and our Network of Care website.

Component Exhibit 3**COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING**

Please list Capital Facility needs (ex: types and numbers of facilities needed, possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.) See example table below.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs & Services to be Provided	Target Populations to be Served
Psychiatric Hospital Crisis Clinic	0 – Site is currently County property	North Central Region	Tele-psychiatry and PEI dual-diagnosis crisis services	All
Psychiatric Hospital Emergency Psychiatric Unit	0 – Site is currently County property	North Central Region	Tele-psychiatry and PEI dual-diagnosis crisis services	All
Mental Health Center	1	North Coastal Region	Outpatient mental health rehabilitation and recovery services	TAY* and Adults
Mental Health Center	1	South Region	Outpatient mental health rehabilitation and recovery services	Children and Youth
Crisis Residential Facility	1	South Region	Short-term crisis residential services	Homeless TAY and Adults
Crisis Residential Facility	1	North Inland Region	Short-term crisis residential services	TAY and Adults
Clubhouse Facility and Rental Units	1	Central / North Central Region	Vocational, educational, and recreational activities; Rental units	TAY and Adults
Clubhouse Facility	1	South Region	Vocational, educational, and recreational activities	TAY and Adults
Wellness Center	1	Central Region	Exercise, wellness support, and nutrition and health education	All

*Transition Age Youth (18-24 years)

Component Exhibit 4**COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS**

Please check-off one or more of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed below and described in further detail in Enclosure 3. If no technological needs are identified, please write "None" in the box below and include the related rationale in Exhibit 1.

Electronic Health Record (EHR) System Projects (check all that apply)

- Infrastructure, Security, Privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)

Client and Family Empowerment Projects

- Client/Family Access to Computing Resources Projects
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging information sharing services)

Other Technology Projects That Support MHSA Operations

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome improvement
- Data Warehousing Projects / Decision Support
- Imaging / Paper Conversion Projects
- Other (Briefly Describe)